

Child and Family Services Update

October 4, 2004

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Director's Message

Father Involvement

By Richard Anderson, Director of Child and Family Services

In the late 1940s, Maria Montessori, of Montessori Schools fame, was encouraging fathers to give their babies their first bath. I think she knew that there needed to be an early experience for fathers to begin connecting with their children from the start. Even if that head start didn't happen for some dads, it isn't too late to start now to help the connection! We want to support responsible, loving fathers, and assist men in becoming such. Our data shows that dads are not as involved as moms in the work we do with families. We know that fathers are less accepting of helping agencies. So, we need to start our first interactions with the family by beginning to help them be more accepting.

There is much research that shows that a positively involved father can enhance a child's mental, social, and physical development, while decreasing high-risk behavior (drug use, truancy, and criminal activity) (Wade Horn and Tom Sylvester 2002) (Vivian Gadsen and Aisha Ray 2002). A child with a consistently involved father is more empathetic, and is more likely to become a compassionate adult (Koester, et. al. 1990).

A good starting place for all of us is to clear from our minds any unfair or inaccurate concepts about fathers that may get in the way of working effectively with them. We also need to acknowledge that fathers are responsible for the care of their children, the same as mothers. Interestingly, 42% of fathers in blue-collar and service occupations look after their children while their wives work.

The functional assessment provides a way to determine the needs of the father, their level of involvement with their children, and ways to improve their involvement.

I remember, years ago, contacting a father who had not been involved for years. He stepped up to the need, and created a life-long friendship with his young son. We started with gathering pictures of this youth being held by his father as an infant and slowly moved to the place where the mother encouraged a search for the father and writing to the father. This led to a reunion where the father traveled to see the son and has maintained contact. What was remarkable was the positive change in the behavior of this youth. He stopped the self-destructive behavior and became actively involved in schoolwork.

Here are some things we can do to assist fathers in our work:

- Have fathers read to their children, read with their children, or have their children read to them.
- Have fathers read to their children during visits (have books available that fathers can read to their children during supervised visits).
- Have them consider their own fathers and the impact they had on them.
- Discuss the differences between discipline and punishment. Discipline is a way to teach by words and actions. Setting fair consequences, playful interactions, and conversations are all conducive to good discipline.
- Evaluate the waiting room and other areas of the office to see if they are father friendly. Some posters may be offensive to fathers.
- Explain the importance of keeping promises, especially if the father does not live in the home. Trust is built by keeping promises.
- Make sure that when a dad does not show up or participate that we don't conclude that this is automatically a sign that they don't care about what is happening.
- Show an expectation that the father is to be involved.
- Welcome them warmly to meetings and visits.

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- Recognize differences in male and female parenting styles.
- Be cautious about correcting dads when they are interacting with their child.
- Recognize the signs that a father may be depressed or have other emotional/mental distress. They are less likely to seek help and we can help them to know they can get help.
- It may be possible that the father's bond to their child may be the first such strong bond they have ever experienced. Help them to strengthen that bond and to express love to their children.
- Have them participate in developing a family storybook about their family (significant events, pictures, etc.). Have them read this book with their children.

Discuss these ideas in staff meetings. Some of our staff may need ideas of how to get fathers involved, and others will have great ideas to share about how they have involved fathers.

Remember, some fathers for children come from different relationships. The father of my childhood was my grandfather. He was a very kind and loving person. He worked in a lumber mill and came home each day smelling of sawdust. Every time I smell sawdust, I think of the loving man that I called "Dad". Let's help all the fathers (and father figures) we work with create memories in their children of a caring father. Let's try to do just a little better each day in reaching out and including "Dad" as we serve families.

Protection

Newsletter From The Child Welfare Institute

By Carol Miller, Program Support Specialist

Charlotte Gibbons, CPS Program Manager for Child and Family Services, has given me some very interesting and useful articles that she receives from the Child Welfare Institute. The newsletter is entitled, "Ideas In Action" and it is published monthly. You may read these newsletters by going to the Child Welfare Institute Website at http://www.gocwi.org/view_714824.html.

Development

Ages And Stages

By Midge Delavan, Training Manager

"Ages and Stages" is a questionnaire, which is completed with a parent or caregiver to create a screening assessment for developmental milestones in children of different ages. There is a different questionnaire for each of 19 different ages from 4 months to 66 months. The questionnaires are considered to be good short assessments of a child's development. The areas assessed are communication, gross motor, fine motor, problem solving, personal-social, and overall.

The four months questionnaire includes the following:

- Communication: At four months, a baby may be able to laugh, make high-pitched squeals, make sounds in response to objects and persons, and stop crying at the sound of a recognized voice.
- Gross Motor: At four months, a baby may move its head from side to side, hold its head above the floor while lying on its tummy, hold its head steady while in a sitting position, and touch its fingers together.
- Fine Motor: At four months, a baby may hold its hands open, grasp and wave a toy, and reach for a toy.

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- Problem Solving: At four months, a baby may track a moving object with its eyes, look at nearby toys, grasp toys and put in mouth, and wave at a toy above them in a prone position.
- Personal-Social: At four months, a baby may watch its hands, recognize when it is about to be fed, smile at caregiver, and smile at self in mirror.
- Overall: At four months, does the baby hear well, stand flat-footed with assistance in standing, and use hands equally?

Permanency

Supporting Kinship Care

By Pamela Russell, Grants Specialist

Utah's Division of Child and Family Services was one of 25 states, counties, and Tribal agencies chosen to participate in this Breakthrough Series Collaborative (BSC) sponsored by Casey Family Programs. Participation in this BSC demonstrates Utah's commitment to improving the way we identify, partner with, and support kinship caregivers.

The five-person Core Team has been established as required for the project, consisting of state and regional staff, kinship providers, and youth who will work together to identify promising practices, test the changes, and implement new systems over the course of the next year. The Team will be working in the Northern Region, specifically Weber County, to test changes and measure the impact of these changes throughout the year. The ultimate goal will be to implement statewide changes that will improve the way we partner with kinship providers and increase the availability of support and resources for kin.

For more information on the Supporting Kinship Care Collaborative, contact me at (801) 538-4308.

Visits Make A Difference

By Jerna Mitchell, New Employee Trainer Manager

Summarized from "Parental Visiting and Family Reunification: Could Inclusive Practice Make a Difference?" By Sonya J. Leathers

Summary points:

- Mothers who visit their child and are involved in case reviews and child care activities visit more frequently than mothers who visit in settings such as agency offices and have no other types of involvement.
- Visiting frequency is highly predictive of reunification.
- Frequency of visits is influenced by time constraints, agency policies and norms, transportation resources, foster parent requests, and caseworker perceptions about the interests of the child.
- Practice that attempts to integrate the birthparent into the foster child's life, such as school conferences, clothes shopping, and doctor appointments. This is called inclusive practice.
- When a caseworker related to researchers that a child was likely to return home, 43.5% of those children were reunified with their biological family.
- When a caseworker related to researchers that a child was not likely to return home, 100% did not return home.
- Inclusive practice increased reunification, independent of the frequency of visiting.
- Progression of supervised visits to unsupervised visits increased reunification.
- Child's adaptation to care was associated with inclusive practice.
- Of the cases where the mother was visiting informally in the foster home, 100% returned home.

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- Of the cases where the mothers had scheduled visits in the foster home, 100% returned home.
- Of the cases where the mother participated in activities other than visiting, 50% returned home.
- Of the cases where the mother attended administrative hearings, 44% returned home.
- Most caseworkers based their belief that children would return home on the number of visits that were occurring.
- When visits took place in the mother's home, there was an average of 19% over six months.
- Where visits take place influences how frequently they occur.

Source:

Leathers, S.J. (2002) "Parental Visiting and Family Reunification: Could Inclusive Practice Make a Difference?"

Retrieved September 1, 2004 from the World Wide Web:

<http://www.aecf.org/publications/pdfs/cwla2.pdf>

Time-Limited Reunification Funds - Treatment Resources to Facilitate Reunification

By Cosette Mills, Federal Revenue Manager

In calendar year 2003, 69% of new foster care cases reported contributing factors of substance abuse, mental health, or domestic violence in the removal home. Treatment is often needed to help parents make changes necessary for a foster child to safely return home. Unfortunately, inability to access treatment is often a barrier to reunification.

In response to this need, a limited amount of Federal funding is available in each region to help pay for treatment services for parents or primary caregivers of foster children to help facilitate reunification. The funds come from the Promoting Safe and Stable Families Grant, Time-Limited Reunification category (payment code FPR).

To qualify for the funds, a foster child must have been in foster care 15 months or less and must have a goal of reunification. Treatment services not covered by Medicaid or private insurance may be provided to the child's parents or primary caregiver or to the child to help facilitate safe reunification. Funds are generally paid to the provider on behalf of the client and not to the client directly.

The funding may be used for one or a combination of services, and may be provided through contract or by Child and Family Services staff. Time-limited reunification funding may be used for:

- Individual, group, and family counseling or other mental health services for parents or foster children.
- Inpatient, residential, or outpatient substance abuse treatment services for parents or foster children, including such expenses as initial fees and costs associated with drug courts and drug testing.
- Services to provide temporary child protective childcare or other therapeutic services, including crisis nurseries.
- Assistance to address domestic violence treatment or service needs.
- Transportation to or from above services and activities.

Funding may be used for up to 15 months after a child is removed from home. If a child returns home prior to 15 months from the time of removal, funds may be used to help with treatment needs related to transition and family stabilization so the child can safely remain at home (and prevent re-entry into foster care), but only through the 15th month after removal.

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For example, if a child returns home from foster care 11 months after removal, time-limited reunification funds could continue for another 4 months.

In order to access funds, either an SCF or PFR case must be open in SAFE. Procurement requirements must be followed for purchasing services and expending funds.

Check with your regional administrative or finance staff about availability and access to funds in your region. Where treatment resources are not currently available, regions may want to develop creative ways to bring treatment services to families preparing for reunification using these funds.

While these funds cannot address all parents' treatment needs to facilitate reunification, I am hopeful that the available funding can make a difference for some. For questions about PSSF/Time-Limited Reunification Funds, contact your region administration or finance staff or contact me by e-mail (cwmills@utah.gov) or by phone at (801) 538-4058.

Transitions From Foster Care To Adult Living - Post-Foster Care Resources

By Cosette Mills, Federal Revenue Manager

In recent years, Congress has recognized the need to better support youth aging out of foster care and has provided funding for programs to support them. For youth who have left foster care, the following post foster care programs have been implemented in Utah:

- Post independent living services and support funds (purchase service code TLP).
- Education and training voucher program funds (for post secondary training and education).

As caseworkers and child and family teams are making preparations for a youth's transition to adult living, it is important to know that **a youth must be in foster care on their 18th birthday to qualify for these post-foster care services.** If custody is terminated prior to the 18th birthday, these youth CANNOT qualify for ANY post-foster care supports or services.

Post Independent Living Services and Support Funds

Youth who leave foster care at age 18 or older may qualify for post independent living services until age 21. Services that may be provided include, but are not limited to, additional basic life skills training, information and referral, mentoring, employment and educational counseling, follow-up support, and funding for activities of daily living (including room and board).

For the purpose of this funding, room and board includes rent, utilities, food, clothing, transportation costs, personal care items and other expenses related to daily living. It does not include medical expenses, dental care, tuition payments, or the purchase of automobiles. Currently the limit is \$2000 per year per youth.

Former foster youth may access services through the regional Independent Living Program Coordinator. Payments may be made directly to the youth or to providers as needed. A CIS case must be opened in SAFE, which requires a minimal service plan and periodic case notes to track the progress of youth receiving these services. See Administrative Rule R512-305, Independent Living Services, or Practice Guidelines Section 303.7 for more information.

Education and Training Voucher Program

Up to \$5000 per year is now available for qualifying youth for post-secondary education and training through the Educational Training Voucher (ETV) Program. To qualify, youth must have exited foster care after their 18th birthday or must have been adopted after age 16. Child and Family Services is contracting with DWS to administer this program. For a more detailed

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description of how these funds may be used and for a list of eligibility requirements, see Administrative Rule R512-306, Independent Living Services, Education and Training Voucher Program. Youth must be referred to DWS through the regional Independent Living Coordinator. Please contact your regional Independent Living Coordinator if you have any questions.

NOTE: Coming Soon for Youth Still in Custody Who Have An Individualized Service Plan to Age Out of Foster Care – TRANSITIONAL SUPPORT FUNDS

Transitional Support Funds will soon be available for youth in Child and Family Services custody who meet the criteria for independent living. Transitional Support Funds are flexible funds that will help cover unique needs of youth in the following four areas: Education, Training, and Career Exploration; Physical, Mental Health and Emotional Support; Transportation; and Housing Related Expenses.

The current practice guidelines, 303.7 Independent Living, are in the process of being revised to address both ETV and Transitional Support Funds. ***As soon as practice guidelines are finalized and payment codes and processes have been established, notice will be sent to regions so that transitional living support funds may be accessed for youth transitioning to adult living.***

Transitions From Foster Care To Adult Living - Continuing Medicaid Coverage

By Cosette Mills, Federal Revenue Manager

Youth who leave foster care between age 18 and 19 are likely to continue to qualify for Medicaid until their 19th birthday, if they meet income and asset criteria. A Medicaid review must be completed prior to the youth leaving custody to ensure uninterrupted coverage for qualifying youth. Continuing Medicaid coverage is an important resource for youth leaving foster care so that medical, dental, prescription, and mental health needs can continue to be addressed.

As part of transition planning, caseworkers should take the following steps:

- Let the eligibility worker know in advance that Child and Family Services is preparing to transition a youth who is age 18 from custody (60 days in advance, if possible).
- Obtain a Medicaid review form from the eligibility worker. Assist/mentor the youth in completing the form and obtaining the required income and asset documentation for the review. Notify the eligibility worker of the address where the child will live after leaving care (both physical and mailing addresses, if they differ).
- Provide the review form and documentation to the eligibility worker 30 days prior to the child leaving custody, if possible, so that eligibility for continuing Medicaid coverage can be determined and the case can be transferred without interruption in Medicaid coverage.
- Coordinate with the Fostering Healthy Children Nurse to ensure the youth understands how to manage any special health conditions.
- Familiarize youth with location of the nearest Bureau of Eligibility Services (BES) (to the expected living arrangement after custody termination). After the case is transferred, staff at BES will help teach the youth how to use a Medicaid card to access health care.
- Notify eligibility worker immediately of custody termination.

Child and Family Services eligibility workers will complete the review, open the new Medicaid case for most youth, then will transfer the case to an ongoing worker in the BES. If a youth is disabled, pregnant, or has children, the case will be transferred to BES for the determination of continuing Medicaid eligibility.

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If you have questions about Medicaid eligibility for youth leaving foster care, contact a regional eligibility worker or Linda Moon, Title IV-E and Medicaid Eligibility Specialist, at the State Office at (801) 538-4258.

Cultural Responsiveness

Cultural Identification

By Midge Delavan, Training Manager

How do we see ourselves? When addressing our own “culture screens” and the culture-based needs of the children and families served by Child and Family Services, it is important to think about the ways in which we perceive ourselves that are much broader than ethnicity. Although ethnicity may be part of a person’s self-perception, there are many other areas of cultural identification that may be more important to an individual. Some of these include: religion, language, education, gender roles, intergenerational dynamics, beliefs regarding help from outside the family, parenting norms, beliefs regarding health care, sexual orientation, mental health issues, vision or hearing impairment, physical challenges, racism, geographic location, time period of birth and childhood, family values, self-determination, and sibling placement. (Adapted from Kimberleigh A. Nash. 1999. Cultural Competence: a guide for human service agencies. CWLA Press, Washington D.C.)

Often we are surprised when we learn how others perceive themselves culturally. How would you describe your own culture? Your family’s culture?

Partnership

Recognizing Partners

By Midge Delavan, Training Manager

Who are your current partners? Take a little time for self-assessment and draw an ecomap of your family, agency, internal, and community partners as of today. It will probably take more space than you first thought.

Kudos to Western Region Training Team for partnering with Wasatch Mental Health. Mental Health case managers are being trained on the Practice Model with new employees in Western Region.

Kudos to Southwest Region and their partnership with the Frontiers Project. Family advocates are working with selected families in St. George and Cedar City.

Thanks to Utah family advocates Tracy Johnson and Michelle Benward, who presented their team-based advocacy approach at the Western Regional Trainers Conference. Bonnie Skoy from Western Region and Reba Nissen from the State Office training team also presented on the Utah Child and Family Services model for training and mentoring. Trainers from Colorado, Arizona, Nevada, Alaska, Ohio, and Utah shared information support as they discussed supervisory training, client participation in the training system, tools for trainers, web-based training, and other topics of interest.

Regional administration teams have hospitably welcomed a group of State Office staff who have traveled to each region to kick-off the Performance Improvement Plan (PIP). The PIP is the Child and Family Services’ two-year plan that follows the Federal Child and Family Services Review conducted in the spring of 2003.

The Supervisor Workgroup is meeting regularly to plan and review the development of supervisor training and the supervisor conference.

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What outstanding partnerships have you observed in your area?

Organizational Competence

Introducing The PIP Tips

By Linda Wininger, State Milestone Coordinator

“PIP Tips” are one of the ways that we will communicate information connected to the Program Improvement Plan (PIP) for the Child and Family Services Review (CFSR). They are located on our Website at http://www.hsdcsf.utah.gov/cfs_review.htm. Each issue will give information about one of the items in the CFSR such as Timeliness of Investigation or Repeat Maltreatment, the data measure connected with the item, a data report on where we are now, and a section on what workers can do to improve the outcomes for children and families connected to this item. We hope this will help each Child and Family Services employee better understand the review and how it affects the people we serve. We invite any feedback. We want this to be a useful and helpful production!

New Protocol For Website Work

By Carol Miller, Program Support Specialist

The Department of Human Services (DHS) has drafted new policies and procedures regarding its maintenance of a professional quality Website for the public. They have appointed each agency with a contact person from the Office of Technology (OT) for work on their Website. These OT web people will be in charge of making all changes to any Website that falls under the DHS Website, including our Child and Family Services Website. Each agency has appointed a web content specialist, who represents the interest of their agency and is responsible for being the contact person for their agency.

As part of this change, all requests for Website work should come through me. This includes any changes to existing content, on-line surveys and/or registrations, or changes to the SAFE Web page. You can contact me by email at CAROLMILLER@utah.gov or by phone at 801-538-4451. Once I receive a request from you, I will contact our OT web person and make the request for the work, and will keep you informed as progress is made.

Also, in the very near future you will notice a new look and feel to the Department’s public Website, as well as our very own located at <http://www.hsdcsf.utah.gov/>. Please don’t hesitate to contact me for any Website work you need done!

Where Are The Children – And What Does It Cost If We Don’t Know?

The Importance of Maintaining Current Foster Child Placement Information in SAFE

By Cosette Mills, Federal Revenue Manager

We’ve all probably heard stories of children in large metropolitan areas who have been “lost” in foster care because there is no record of where the children are placed. We may not be able to imagine this happening in Utah, but in a sense, we create the same scenario if the address where a child resides is not current in SAFE.

A foster child’s placement address should always be entered in SAFE as soon as possible after a placement change is made.

Failure to enter a timely placement change in SAFE isn’t just a potential public relations nightmare. It may also affect benefits for the child, create hardships for providers, take unnecessary time and effort of caseworkers and other Child and Family Services staff in problem-solving, tracking down Medicaid cards, or making retroactive corrections, and may also cause Child and Family Services to lose Federal funding, to unnecessarily spend State

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funds that could have been used for other purposes, and to incorrectly claim Federal funds putting Child and Family Services at risk of audit errors and payment penalties.

Examples of what may be impacted when a foster child's address isn't updated promptly include:

- Child's Medicaid card may be sent to the wrong address, delaying essential medical, dental, or mental health care and causing caseworkers, eligibility workers, support staff, and foster parents to spend time tracking down a copy of the card.
- Child may lose access to Medicaid coverage for health care (such as when a child is moved from an area of the state that does not require HMOs to an area of the state that does but Medicaid has not been updated to reflect this) resulting in unnecessary use of state funds that could have been used for other purposes.
- Provider payments may be delayed, or may be incorrectly paid due to 520's being sent to the wrong providers and causing Child and Family Services to have to seek repayment from providers.
- Child may face unnecessary barriers for approval for entry into the state hospital or a psychiatric hospital because the wrong mental health agency is designated in Medicaid as the gatekeeper.
- Child may not receive Medicaid or Title IV-E benefits for which the child is entitled in the new placement, causing Child and Family Services to lose Federal funding.
- Child may receive Medicaid or Title IV-E benefits inappropriately (such as when a child moves to a placement in which these benefits cannot be provided), putting Child and Family Services at risk of audit error or penalties.

I often hear that workers are too busy to promptly enter foster child placements in SAFE. However, delays will likely result in MORE work for caseworkers, eligibility workers, support staff, and regional and state office administration. Regions may want to analyze their processes for foster child placement entry in SAFE to ensure that unnecessary delays are avoided.

For questions about how to enter placement changes in SAFE, see the accompanying article by Kathy Tollett, contact SAFE trainers in your region, or contact Kathy Tollett at the State Office at (801) 538-4597 or by email at KTOLLETT@utah.gov.

Professional Competence

Awards Presented At The Child Welfare Institute

By Carol Miller, Program Support Specialist

Many wonderful people were presented with awards at the Child Welfare Institute, and we would like to recognize them here for their hard work and dedication. The following is a list of the awards and recipients. Congratulations!

AWARD NAME	RECIPIENTS
State Community Partner	Chris Chytraus Katie Gregory
Life Time Achievement	Robert Lewis Heber Tippetts Grant Tolley Don Anderson Dave Lindblom Brender House

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AWARD NAME	RECIPIENTS
	Richard Anderson
Marty Palmer Award	Bert Peterson
Special Practice Model Teaming Award For Living the Practice Model in Administration	Salt Lake Think Tank ❖ Leslie Komatsu ❖ Spencer Morgan ❖ Roland Oliver ❖ Kelly Powers ❖ Jim Walles ❖ LaRay Brown ❖ Heber Tippetts ❖ Scott Gerber Salt Lake Training Team ❖ Spencer Morgan ❖ Elise Napper ❖ Judy Miller ❖ Richard Cahoon ❖ Donna Riley ❖ Mindy Higgins ❖ Dan Choate ❖ Dawn Bair ❖ Cherri Joy Southwest Sprint Team ❖ Sam Syphrett ❖ Rick Clements ❖ Rob Ross ❖ Todd Minchey
Eastern Region:	
Caseworker	Holly Vetter
Community Partner	Uintah County School District Youth in Custody Program, Beth Murphy, Director
Northern Region:	
Caseworker	Misty Crawford
Community Partner	Mary Francisco Leslie Christiansen Carma Hemingway Bonnie Holmes Jan Oliver Kaisha Taylor
Salt Lake Valley Region:	
Caseworker	Deena Ott Danelle England
Community Partner	Christine Decker
Southwest Region:	
Caseworker	Tyler Goddard

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AWARD NAME	RECIPIENTS
Community Partner	Quality Improvement Team, John Ault, Chair
Western Region:	
Caseworker	Brooke Ibanez
Community Partner	Judy Gillies

2004 Supervisor Conference

By Midge Delavan, Training Manager

The 2004 Supervisor Conference will be held on November 9 and 10, 2004 at the Ft. Douglas Officers Club. The theme this year is "Targeting Supervision through Leadership and Management Tools."

This conference will be a one and a half day exploration of supervisory practice in a time of new Child and Family Service Review response through Utah's Performance Improvement Plan (PIP). How can supervisors succeed in their juggling act of meeting the needs of children and families, upholding community partnerships, meeting administrative requests, data collection and reporting, and staff assessment and planning? Show us your strengths!